

EVALUATION OF PRIVILEGES - PODIATRY For use of this form, see AR 40-68; the proponent agency is OTSG		PERIOD FROM		TO		DATE	
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY			
TITLE							
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF					
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED	
Category I.							
Category II.							
Category III.							
AREAS OF FOOT PATHOLOGY (Check Category I, II, or III for Privileges Being Evaluated.)							
a. General Practice							
b. Foot Surgery							
(1) Common Surgical Procedures on Forefoot							
(2) Complex Reconstructive Surgery							
c. Podiatric Dermatology							
d. Foot Orthopedics							
e. Podopediatrics							
f. Podogeriatrics							
g. X-Ray Services (Interpretation)							
h. Other (Specify)							

COMMENTS (Borderline and unacceptable ratings will be addressed.)

RATER'S SIGNATURE		DATE
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